

SAMPLE ANALYSIS REPORT

PR-ENF-030 (REV. 1/06)

Page _____ of _____

Important:

1. Use only one analysis report form per sample.
2. Complete chain of evidence record on reverse.
3. Use black ink and print legibly.
4. The original will be returned to you.

For Laboratory Use Only

LABORATORY CONDUCTING ANALYSIS

☐

ANAHEIM

☐

SACRAMENTO

DATE SAMPLE RECEIVED

TIME RECEIVED

LABORATORY NUMBER

A. Sample Analysis Requester

AGENCY NAME (Complete name)

TELEPHONE NUMBER

FAX NUMBER

()

()

ADDRESS

CITY

STATE

ZIP CODE

B. Sample Source

PROPERTY OPERATOR/COMPLAINANT NAME

OPERATOR IDENTIFICATION OR PERMIT NO.

TELEPHONE NUMBER

()

ADDRESS

CITY

STATE

ZIP CODE

SECTION, TOWNSHIP, RANGE	SAMPLE LOCATION (Address or Description)	SITE IDENTIFICATION NUMBER	COUNTY
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C. Sample Information

SAMPLE CONSISTS OF:

☐STRUCTURAL
RELATED

BASIS FOR SAMPLE (Check one box, only)

☐ HEALTH
HAZARD☐ ANIMAL ILLNESS/
BEE LOSS☐ PLANT
SYMPTOMS☐ ENVIRONMENTAL
EFFECTS

IS THIS A CONTROL SAMPLE?

☐ YES☐ NO

COMMODITY (Acres, if applicable)

SAMPLE IDENTIFICATION MARKS

IS THIS SAMPLE A COMPOSITE?

☐ YES☐ NO

DESCRIPTION OF PROBLEM

SAMPLE COLLECTOR'S SIGNATURE

PRINT NAME

DATE SAMPLE COLLECTED

D. Laboratory Instructions

SAMPLE PRIORITY (Priority descriptions on reverse side of this form)

SAMPLE DISCARD DATE

COMMENTS

☐

#1

☐

#2

☐

#3

E. Specific Analysis Requested

PESTICIDE DETECTED

AMOUNT

UNITS

MDL

EXT CODE

DET CODE

☐

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☐

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☐

.

SCREENS

☐

ORGANOPHOSPHATE (OP)

.

☐

CARBAMATE (CARB)

.

☐

CHLORINATED HYDROCARBON (CHC)

.

☐

SURFACE/SWAB (Indicate Total Surface Area) _____)

DATE ANALYSIS COMPLETED

☐

SURFACE/SWAB (Indicate Solvent Used) _____)

☐

DISLODGEABLE (Indicate Punch Size) _____)

CONFIRMED BY

CHEMIST'S SIGNATURE

RESULTS: ☐ FAXED ☐ PHONED DATE _____SAMPLE
REJECTED

You must complete the custody record on reverse side of this form or samples may not be analyzed.

SAMPLE ANALYSIS REPORT CUSTODY RECORD

Page ____ of ____

F. Sample Information

SAMPLE COLLECTOR (Print name)	SAMPLE IDENTIFICATION MARKS	LABORATORY NUMBER
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G. Preservation Method During Transport

<input type="checkbox"/> Ice	<input type="checkbox"/> Dry Ice	<input type="checkbox"/> "Blue" Ice	<input type="checkbox"/> Cooler	<input type="checkbox"/> Cool Dry Container	<input type="checkbox"/> Other _____	<input type="checkbox"/> None
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H. Primary Container Description

<input type="checkbox"/> Paper Bag	<input type="checkbox"/> Plastic Bag	<input type="checkbox"/> Glass Jar	<input type="checkbox"/> Plastic Jar	<input type="checkbox"/> Amber Jar	<input type="checkbox"/> Other _____
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I. Transportation Information

REGIONAL / SATELLITE OFFICE ORIGIN <input type="checkbox"/> Anaheim (SRO) <input type="checkbox"/> Watsonville <input type="checkbox"/> Bakersfield <input type="checkbox"/> Other _____ <input type="checkbox"/> Fresno (CRO) <input type="checkbox"/> Sacramento (NRO)	NAME OF COMMON CARRIER (If used) SHIPPING INVOICE NUMBER DOT NUMBER/CLASSIFICATION (If necessary) DATE SAMPLE SHIPPED TIME	DESTINATION <input type="checkbox"/> CA Department of Food and Agriculture Center for Analytical Chemistry 3292 Meadowview Road Sacramento, California 95832 (916) 262-1574, FAX - (916) 262-1564 <input type="checkbox"/> Anaheim Residue Laboratory 169 East Liberty Avenue Anaheim, California 92801 (714) 680-7919, FAX - (714) 680-7901
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I certify that the above-listed sample is properly classified, described, packaged, marked, and labeled.
I additionally certify that this sample analysis is necessary in connection with matters relating to my official duties.

SIGNATURE	PRINT NAME	DATE	CONTACT NRO (916) 324-4100, FAX - (916) 445-7083 CRO (559) 243-8111, FAX - (559) 243-8115 SRO (714) 279-7690, FAX - (714) 279-7692
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J. Custody Record When Hand Carried (PRINT NAME)

RECEIVED FROM (Sample Collector or Common Carrier)	DELIVERED TO	DATE	TIME	PURPOSE
1.	2.			
RECEIVED FROM	DELIVERED TO	DATE	TIME	PURPOSE
2.	3.			
RECEIVED FROM	DELIVERED TO	DATE	TIME	PURPOSE
3.	4.			
RECEIVED FROM	DELIVERED TO	DATE	TIME	PURPOSE
4.	5.			

K. Laboratory Storage

SAMPLE RECEIVED BY (PRINT NAME)	DATE RECEIVED	TIME	SAMPLE CONDITION UPON RECEIPT (Lab Use Only)
STORAGE LOCATION	STORAGE DATE (If applicable)	TIME	

SAMPLE PRIORITIZATION

Priority 1: Samples where immediate preventative or remedial action can be taken to treat exposed persons or animals or to protect people from exposure. Analysis goal for screens is 24 hours from receipt by the laboratory. Specific analyses will take longer. Analytical results will be telephoned/faxed to the requester. The original analysis report will be mailed to the requester.

Priority 2: Samples related to other human effects episodes identified as priority investigations. Analysis goal is 30 days. Analytical results will be telephoned/faxed to the requester. The original analysis report will be mailed to the requester.

Priority 3: Other evidentiary samples. Analysis goal is 90 days, however, workload generated by status samples 1 and 2 may impact completion date. Analytical results will be telephoned/faxed to the requester. The original analysis report will be mailed to the requester.

PROPER SAMPLE SIZE AND APPROVAL FOR ANALYSIS

Refer to the Evidence Collection section of the Investigation Procedures Standards Manual for proper sample sizes. **You must obtain approval from your DPR Enforcement Branch Liaison or regional office prior to submitting samples for laboratory analysis.**

DIAL 9-1-1 IN CASE OF ANY EMERGENCY